

SANTA FE COUNTY

RESOLUTION 1999- 166

A RESOLUTION REQUESTING AUTHORIZATION TO MAKE THE BUDGET ADJUSTMENT DETAILED ON THIS FORM.

Whereas, the Board of County Commissioners meeting in regular session on December 28, 1999, did request the following budget adjustment:

Department/Division: Health & Human Services\Housing Authority

Fund Name: 1996 CIAP Program/Public Housing Operating Fund

Budget Adjustment Type: Budget Transfer

Fiscal Year: 2000: (July 1, 1999 - June 30, 2000)

BUDGETED REVENUES: (use continuation sheet, if necessary)

FUND CODE XXX	DEPARTMENT/ DIVISION XXXX	ACTIVITY BASIC/SUB XXX	ELEMENT/ OBJECT XXXX	REVENUE NAME	INCREASE AMOUNT	DECREASE AMOUNT
517	0000	390	00-00	Operating Transfer In/Non-Revenue Receipt	60,460	
TOTAL (if SUBTOTAL, check here <input type="checkbox"/>)					60,460	

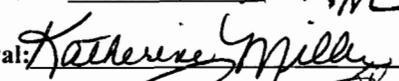
BUDGETED EXPENDITURES: (use continuation sheet, if necessary)

FUND CODE XXX	DEPARTMENT/ DIVISION XXXX	ACTIVITY BASIC/SUB XXX	ELEMENT/ OBJECT XXXX	CATEGORY / LINE ITEM NAME	INCREASE AMOUNT	DECREASE AMOUNT
301	1560	490	01-00	Operating Transfer Out	60,460	
301	1560	471	10-25	Overtime		5,707
301	1560	471	20-01	FICA: Regular		354
301	1560	471	20-02	FICA: Medicare		82
TOTAL (if SUBTOTAL, check here <input checked="" type="checkbox"/>)					60,460	6,143

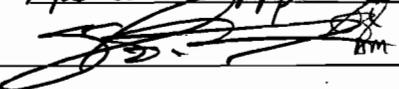
Requesting Department Approval: Robert A. Anaya 

Title: Executive Director

Date: 12/14/99

Finance Department Approval: Katherine Miller  Date: 12/21/99

Entered by: _____ Date: _____

County Manager Approval: [Signature]  Date: 12-28-99

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BUDGET ADJUSTMENT CONTINUATION SHEET

BUDGETED REVENUES: (use continuation sheet, if necessary)

FUND CODE XXX	DEPARTMENT/ DIVISION XXXX	ACTIVITY BASIC/SUB XXX	ELEMENT/ OBJECT XXXX	REVENUE NAME	INCREASE AMOUNT	DECREASE AMOUNT
TOTAL (if SUBTOTAL, check here <input type="checkbox"/>)						

BUDGETED EXPENDITURES: (use continuation sheet, if necessary)

FUND CODE XXX	DEPARTMENT/ DIVISION XXXX	ACTIVITY BASIC/SUB XXX	ELEMENT/ OBJECT XXXX	CATEGORY / LINE ITEM NAME	INCREASE AMOUNT	DECREASE AMOUNT	
301	1560	471	20-03	Retirement		1,085	
301	1560	471	20-06	Retiree Health Care		57	
301	1560	471	30-01	In-State Mileage & Fares		230	
301	1560	471	30-02	Out-of-State Mileage & Fares		175	
301	1560	471	30-03	In-State Meals & Lodging		681	
301	1560	471	30-04	Out-of-State Meals & Lodging		617	
301	1560	471	40-01	Buildings & Structures		30,794	
301	1560	471	40-03	Grounds & Roadways		19,274	
301	1560	471	70-33	Seminars & Workshops		106	
301	1560	471	80-02	Building Capitalized Contractual Services		1,298	
517	1560	471	30-05	Gas & Oil	2,000	1721946	
517	1560	471	40-01	Buildings & Structures	18,110		
517	1560	471	40-03	Grounds & Roadways	13,000		
517	1560	471	60-02	Safety Equipment	1,000		
517	1560	471	60-07	Office Supplies	2,000		
TOTAL (if SUBTOTAL, check here <input checked="" type="checkbox"/>)					36,110		54,317

SANTA FE COUNTY

RESOLUTION 1999- 166

BUDGET ADJUSTMENT CONTINUATION SHEET

BUDGETED REVENUES: (use continuation sheet, if necessary)

FUND CODE XXX	DEPARTMENT/ DIVISION XXXX	ACTIVITY BASIC/SUB XXX	ELEMENT/ OBJECT XXXX	REVENUE NAME	INCREASE AMOUNT	DECREASE AMOUNT
TOTAL (if SUBTOTAL, check here)						

BUDGETED EXPENDITURES: (use continuation sheet, if necessary)

FUND CODE XXX	DEPARTMENT/ DIVISION XXXX	ACTIVITY BASIC/SUB XXX	ELEMENT/ OBJECT XXXX	CATEGORY / LINE ITEM NAME	INCREASE AMOUNT	DECREASE AMOUNT
517	1560	471	70-01	Rent of Equipment & Machinery	1,000	1721947
517	1560	471	70-03	Telephone	500	
517	1560	471	70-05	Gas & Heating	8,400	
517	1560	471	70-06	Garbage & Sewer	8,000	
517	1560	471	70-41	Reporting & Recording	2,000	
517	1560	471	80-01	Buildings & Structures	2,450	
517	1560	471	80-03	Equipment & Machinery	2,000	
TOTAL (if SUBTOTAL, check here <input checked="" type="checkbox"/>)					120,920	

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ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Robert A. Anava

Dept/Div: Health & Human Services/Housing Authority

Phone #: 424-2060

DETAILED JUSTIFICATION FOR REQUESTING BUDGET ADJUSTMENT (If applicable, cite the following authority: State Statute, grant name and award date, other laws, regulations, etc.):

- 1) Please summarize the request and its purpose.

This request transfers expenditures between the 1996 CIAP Program (Fund 301) and Public Housing Operations (Fund 517). This request transfers \$ 60,460 in 1996 CIAP Program funding (Operations) to the Public Housing Operations fund to be expended for operational and maintenance items. The purpose of this transfer is to allow the SF County Housing Authority to close the 1996 CIAP Program Fund. and to continue to expend the funds.

- 2) Why was this request not included in the Fiscal Year 2000 Operating Budget?

The transfers were not included in the FY-2000 Operating Budget because the SF County Housing Authority had not received permission to do so from the US Department of Housing and Urban Development.

- 3) Is the transfer recurring or non-recurring and what are the future funding impacts of this request?

The budget transfers are non-recurring. There are no future funding impacts.

- 4) Does this request impact a revenue source? If so, please identify (i.e. General Fund, state funds, federal funds, etc.), and address the following:

- a) If this is a state special appropriation, cite statute and attach a copy.

This request is not a state special appropriation.

- b) If this is a state or federal grant, cite grant name, number, award date and amount.

Federal Grant Name : 1996 CIAP Program Federal Grant Number : NM02P050910-96

Award Date : 09/16/96 Award Amount : \$ 1,017,355

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ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Robert A. Anava

Dept/Div: Health & Human Services/Housing Authority

Phone #: 424-2060

DETAILED JUSTIFICATION FOR REQUESTING BUDGET ADJUSTMENT (If applicable, cite the following authority: State Statute, grant name and award date, other laws, regulations, etc.):

- 4) (Continued):
 - c) If this request is a result of Commission action, please cite and attach a copy of supporting documentation.
This request is not the result of Commission action.
 - d) Please identify other funding sources that can be used to match this request.
There are no other available funds that can be used to match this request.
- 5) If this request impacts the Capital Purchases category, please detail items to be purchased and what they will be used for.
This BAR allows for the purchase of a storage shed (\$ 2,450), and upgraded radio communication equipment (\$ 2,000) within the Capital Purchases category.
- 6) Does this request have an FTE impact for the department/division? If request increases FTE, include number of positions, position type (term, permanent, etc.), and the future funding impact and revenue source.
This request has no FTE impact.

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NOW, THEREFORE, BE IT RESOLVED by the Board of County Commissioners of Santa Fe County that the Local Government Division of the Department of Finance and Administration is hereby requested to grant authority to adjust budgets as detailed above.

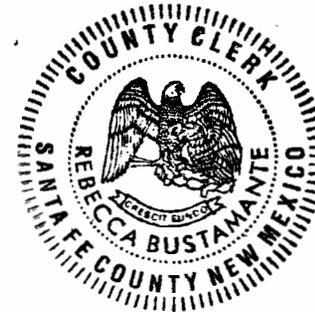
Approved, Adopted, and Passed This 28th Day of December, 1999.



Santa Fe Board of County Commissioners

Joe S. Griñe, Jr.
Joe S. Griñe, Jr., Chairperson

Rebecca Bustamante
Rebecca Bustamante, County Clerk



Approved As To Form.

By *Denice Brown*
Denice Brown, County Attorney

COUNTY OF SANTA FE)SS
STATE OF NEW MEXICO 1101) 472
I hereby certify that this instrument was filed
for record on the 29 day of Dec A.D.
19 99, at 12:12 o'clock P m
and was duly recorded in book 1721,
page 945-950 of the records of
Santa Fe County.

Witness my Hand and Seal of Office
Rebecca Bustamante
County Clerk, Santa Fe County, N.M.

Manuel Palacios
Deputy

1721950